

DISEASES OF THE LARYNX AND CONTIGUOUS STRUCTURES.

UNDER THE CHARGE OF
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RHINOLITH.

An interesting example is related by DR. RICHARD WAGNER (*Munch. med. Wochenschr.*, No. 48). The first symptoms were observed in the second year of the patient's life, but it was not removed until twelve years later. It was found completely wedged in the posterior portion of the right upper jaw, where it had formed an almost cubical cavity without encroaching on the patency of the nasal passage. The offending body was too large to be removed anteriorly, and was withdrawn through the posterior outlet.

ABSCESS OF THE MAXILLARY SINUS.

DR. DUNDAS GRANT favors (*Journ. Lar. and Rhin.*, No. 12) exploratory puncture through the inferior meatus with a straight trocar and steel cannula three inches in length and a millimeter and a half in diameter, its proximal extremity funnel-shaped to receive the nozzle of an ordinary syringe after withdrawal of the trocar, for the purpose of washing the sinus with a warm, clear, aseptic solution, usually of borax and boric acid.

MYXOMA OF THE SPHENOIDAL SINUS.

A small myxomatous polyp was found in a large sinus in a sphenoidal bone of a lad thirteen years of age, who had had fracture of the frontal bone two or three months before death, and who died during an epistaxis. The sphenoidal sinus was full of clotted blood, and communicated directly with an opening in the left carotid artery, which had probably been caused at the time of the accident. The case was reported by J. JACKSON CLARK to the Pathological Society of London, December 1, 1891, and Dr. Spicer remarked that he knew of but one other instance of the sphenoidal sinus, a case recorded by Zuckerkandl (*Journ. Lar. and Rhin.*, 1892, No. 2).

SPECIFIC DISEASE OF TONSILS AND PALATINE FOLDS.

In a paper (*Internat. klin. Rundschau*, No. 44) on clinical and histological changes in syphilitic tonsils and palatine folds, PROF. NEUMANN, of Vienna, expresses the opinion that the predilection of tertiary syphilis to be manifested in the same region in which the earlier lesions were manifested is due to the fact that the initial cure was only apparent and that residual portions of the infectious material have remained latent in the mouths of the ducts of the various glands, and even in the interstices between the epithelial cells.

The adhesions of soft palate, palatine folds, and uvula to the pharynx, usually attributed to contact of granulating surfaces, is attributed by Neumann rather to specific disease of the muscular apparatus of these structures, which prevents the movements which would loosen adhering granulations of the opposing surfaces. The movement of intact musculature is sometimes sufficient to tear off an adherent uvula from the palate. Histologically, too, the characteristics of specific myositis are very evident.

HEMORRHAGE AFTER AMYGDALOTOMY.

DR. BUISSET, of Brussels, contends (*Rev. de Lar., d'Otol., etc.*, No. 22) that hemorrhage a few hours after the operation is favored by the previous application of cocaine, which he attributes to vascular dilatation succeeding the immediate constriction produced by the topical use of the drug.

MORBID GROWTHS OF THE LARYNX.

PROF. CHIARI exhibited to the German Society of Naturalists and Physicians (*Internat. Klin. Rundschau*, No. 41) two cysts of the vocal bands, one of which, the size of a bean, was attributed to an enlarged lymph space, and the other, the size of a millet-seed, was attributed to some undetermined softening process in the connective tissue. Microscopic cysts or such conditions as readily lead to cystic formations had been detected by Chiari in fifteen extirpated fibromas of the vocal bands. In none of the seventeen instances were there any glands or remnants of glands. Strong differentiation between actual cysts and cystic formations in morbid growths was not sustainable with the knowledge that a small cyst in a growth might gradually become so large as to constitute the main mass of the tumor, and then appear as a special growth, as in the larger cyst exhibited, which had developed from a fibroma.

ADENOMA OF THE LARYNX.

True adenoma of the larynx is rare. An example is recorded by SCHMIEGELOW, of Copenhagen (*Rev. de Lar., d'Otol., etc.*, No. 22) in a woman forty-six years of age and in apparently good health. She began to grow hoarse without assignable reason in July, 1887, but the hoarseness had never been excessive. There were no pain, dysphagia, hæmoptysis. December 15, 1887, DR. M. OLSEN detected a neoplasm on the right side of the larynx, in fragments of which he found a carcinomatous arrangement of the epithelial elements with partial colloid degeneration. On February 2, 1888, the patient was sent to Schmiegelow, who found the entire right ventricular band the seat of considerable irregular vegetation of a pale-red color and ulcerous-looking here and there. A small portion, the size of a common pea, near the anterior commissure was separated by a groove from the other portion of the neoplasm. On February 4th, after tracheotomy and laryngo-fissure, the perichondrium and the muscles of the right half of the thyroid cartilage were separated from it with blunt instruments, and the whole half of the thyroid cartilage, the arytenoid cartilage, and the greater portion of the inter-arytenoid fold were removed with curved scissors. Microscopic examina-

tion of the neoplasm showed it to be an adenoma. The patient did well and was dismissed on March 27th. She continued to do well until the summer of 1889, when she began to suffer with gastric disease attributed to carcinoma, and died cachectic on December 12, 1889, without any evidence of local recurrence in the larynx.

CARCINOMA OF THE LARYNX.

DR. L. LICHTWITZ, of Bordeaux, reports (*Annales des Mal. de l'Or., etc.*, No. 11) a case of carcinoma of the left vocal band removed by laryngofissure, with death five days later from hypostatic pneumonia. The interesting points of the record are the difficulties of the operation, which consumed more than three hours, owing to the difficulties in illuminating the parts and interruptions from suffocative paroxysms, due to penetration of blood into the bronchi despite the use of a tampon canula; and the reports of PROF. WALDEYER on the specimens submitted to him from fragments removed endolaryngeally, in which he regarded the sections as suspiciously but not positively carcinomatous, and expresses his opinion that benign papillary tumors may become carcinomatous. Several instructive engravings embellish the record.

CEREBRAL DISEASE AFTER SIMPLE OPERATION IN THE NOSE.

DR. WAGNER, of Halle, reports (*Münch. med. Wochenschr.*, No. 51), a case of fatal meningitis after electric cauterization of the lower and middle turbinates in a male twenty years of age. Severe hemorrhages occurred on the third day, requiring tamponing anteriorly and posteriorly. It did not appear to come from the wounded surfaces, the eschars upon which had not yet become detached. Fever supervened with intense headache in the frontal region, and more moderate in the occipital region. The tampons were removed at the end of sixty-three hours. The meningitis increased, and pains and stiffness occurred in the cervical muscles and in the right shoulder and arm, and steadily increased. Death ensued a week after removal of the tampon.

Wagner refers to a case of fatal meningitis after extraction of a polyp, reported by Voltolini, and to two cases reported by Quinlan (*Med. Record*, Sept. 13, 1890; *Journ. Resp. Organs*, June, 1890), and calls attention to the circumstance that the middle turbinate was involved in all the four instances. He attributes the hemorrhage in his own case to thrombosis of the longitudinal sinus, with consequent collateral stasis of the venous blood in the nasal passages, and metastatic transfer of some of its broken constituents in the upper extremity. The complications of meningitis are dependent upon the anatomical relations of the venous and lymph currents. The veins of the upper and middle turbinates empty into the longitudinal sinus through the foramen cæcum and the foramina of the cribriform plate of the ethmoid bone, and the lymph channels of the nose communicate directly with the subdural and subarachnoid spaces.

Hence infection is carried directly to the meninges by the latter path and to the longitudinal sinus by the former.